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CSI	Current State Requirements	Future State Requirements for HIPAA Compliance			Implementation Guide 4010 837P		HIPAA Situational (Optional) Loops Not Required by State		
Field		**HIPAA Mandated fields Required by the State to Process a Claim** (Alias or Industry name from the 4010 Implementation Guide)	**Example Values**	**Comments or Loop**	**Loop with IG notes R=Required**	**Page #**		**Notes/Issues**	**835** reference IG page
					HEADER	**62**			
		Transaction Set Creation Date	CCYYMMDD	will not be edited by SDMC		64			
				Submitter Name Loop R	**1000A**	67			
		Submitter name	ALAMEDA COUNTY	will not be edited by SDMC		68			
H01	County submitting record - see billing provider below.	Submitter Primary ID#	01/NNN	County Code/ETIN		69		Defined by trading partner agreement	
		Submitter Contact Name	JOE SMITH	will not be edited by SDMC		72			
		Submitter Contact Numbers	999-999-9999			72-73			
				Receiver Name Loop R	**1000B**	74			
		Receiver Name	DMH or ADP			75			
		Receiver Primary ID# (ETIN)		will not be edited by SDMC		75		defined by trading partner agreement (county) ? Use agency code	
				Billing Pay-To Provider Loop R	**2000A**	77	Required if the rendering provider is the same as the billing provider		
				Billing Provider Loop R	**2010AA**	84			
		Billing Provider Name	ALAMEDA COUNTY	will not be edited by SDMC		85			
H01	County submitting record	Billing Provider ID	123456789	EIN or NPI		86			
		Billing Provider Address	Oakland*CA*94000	will not be edited by SDMC		88-89			
		Determined by the County e.g.County Treasurer		Pay-To Provider Loop	**2010AB**	99	Required if pay to provider is different than the billing provider	ADP or DMH will be used as Payee name on the 835	
				Hierarchical Level R	**2000B**	108	If the Insured and Patient **are the same** use this Loop then 2300		
		Date of Death		will not be edited by SDMC		115			
		Patient Weight (Newborn's birth)		will not be edited by SDMC		115			
				Subscriber Name Loop R	**2010BA**	117			
S02	Current Name	Subscriber Name	DOE*JOHN*X			118			
R02	County Client Number	Subscriber Primary Identifier	County Determines	use same CCN as CSI for DMH (MI=Member ID#, Insured's ID, Subscriber ID or HIC)		119			pg 103
		Subscriber Address	Oakland*CA*94000			121			
C03	Date of birth	Date of Birth - Patient	CCYYMMDD			125			
C05	Gender code	Gender - Patient	M F U			125			
S03	Social Security Number	Subscriber Supplemental ID	123456789	SSN or Bene ID or CIN		127			
				Payer Name Loop R	**2010BB**	130			
		Payer Name	ADP or DMH			131			
		Payer Primary Identifier	EIN or NPI			131			
		Payer Address	Oakland*CA*94000			134-136			
		SKIP		Responsible Party Name Loop	**2010BC**	139	someone who **is not** the subscriber/patient - but who is responsible for the bill		

All information should be verified with the HIPAA standard Implementation Guide ASC X12N 837 (004010X098). This is a HIPAA readiness document authored by DMH. Some information is from external sources and may not be verified

Information presented is believed to be accurate but is subject to change. Unless noted otherwise, this is a working document.

All material must be viewed in the context of your own organization and environment. Legal opinions or decision documentation may be needed to apply/interpret it.

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		SKIP			**2010BD**	146	Credit Card Holder Name		
		SKIP		Patient Hierarchical Level	**2000C**	152	Patient Information if the patient **is not the same** as the subscriber		
		SKIP		Patient Name Loop	**2010CA**	157	If patient is the same as the subscriber 2000C and 2010CA **are**		
				Claim Information Loop R	**2300**	170			
		Patient Account Number	County Determines	Used to match the claim with the payment information on the 835 CLM01 on 837 ties to CLP01 on the 835 (maximum 20 bytes)		171		Patient account number or claim number is echoed back on the 835 - recommend unique numbers for each individual claim	pg 89
		Total Claim Charge Amount	500.00=500 41.07=41.07			172			
		Facility Type Code	22	22=outpatient 21=inpatient see list		173			
		Claim Frequency Code	1	1=original 6=corrected etc. see list		173			
		Provider Signature on File	Y or N			174			
		Medicare Assignment Code	A	A=assigned etc. see list		174			
		Assignment of Benefit Indicator	Y or N			175			
		Release of Information Code	A or N	see list		175			
		Patient Signature Source Code	B	see list		176			
		Delay Reason Code	1	1=proof of eligibility see list		179			
S15	Admission Date for 24 hour records	Admission Date	CCYYMMDD	DMH - Inpatient only		208			
S18	Discharge date for 24 hour records	Discharge Date	CCYYMMDD	DMH - Inpatient only		210			
		SKIP		Available/Required See Implementation Guide			Additional Dates		
S09	Principal mental health diagnosis	Principal Diagnosis	ICD-9	Optional 7 additional diagnostic codes - up to 5 char alphanumeric		266			
					2305	276	Home Health Care Plan		
		SKIP			**2310A**	282	Referring Provider		
		Rendering Provider Last or Organization Name	Alameda County Mental Health		**2310B**	290			
S13	Provider number	Rendering Provider ID	123456789	24=EIN 34=SSN XX=NPI		291			
		Provider Taxonomy Code	123AB3456N	Get code from List		294	Not Finalized		
		Rendering Provider Secondary ID	OB	0B=State License # - see list		297			
		SKIP			**2310C**	298	Purchase Service Provider Name		
S24	Place of Service	Service Facility Location			**2310D**	303			
		Laboratory or Facility Name				306			
		Laboratory/Facility Address	Oakland*CA*94000			307			
		SKIP			**2310E**	312	Supervising Provider Name		
				Required if other payers are known to potentially be involved in paying on this claim	**2320**	318	Other Subscriber Information		

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				Claim Level Adjustments		323			
		Payer amount paid		Crosswalk from CLP04 in 835 when doing COB		332			pg 91
				Medicare Outpatient Adjudication Information		347	required if returned in electronic remittance advice 835		
				Other Subscriber Name	**2330A**	350			
			Medicare/OHC	Other Payer Name	**2330B**	359			
			HIC = Health Insurance Claim No	Other Payer Patient Info	**2330C**	374			
		SKIP			**2330D**	378	Other Payer Refer Provider		
		SKIP			**2330E**	382	Other Payer Render Provider		
		SKIP			**2330F**	386	Other Payer Purchased Service		
		SKIP			**2330G**	390	Other Payer Service Facility Loc.		
		SKIP			**2330H**	394	Other Payer Supervising Provider		
				Service Line	**2400**	398			
S05	Mode of Service	Procedure Code (HCPCS/CPT)	12345			401			
S06	Service Function	Procedure Modifier (4)	1A			401			
		Line Item Charge	500.00=500 41.07=41.07			402			
S08	Units of Time	Units or Minutes	UN	MJ=Minutes UN=Unit F2=for NDC		403			
S07	Units of Service	Service Unit Count	0.5			403			
S24	Place of service code	Place of Service	22	22=Outpatient Hospital		404			
		Emergency Indicator	Y or N	ADP Crisis Intervention - Same service different Claim ID		406			
S23	Date of Service	Service Date	CCYYMMDD	D8=CCYYMMDD HHMM RD8=CCYYMMDD-CCYYMMDD		435			
		Line Item Control Number		Payers are required to return this number in the 835 if received in 837		472			pg 154
		Rendering Provider Last or Organization Name	BROTHERS*JOYCE**DR	Rendering Provider Name	**2420A**	501			
		SKIP			**2420B**	509	Purchased Service Provider		
		Service Facility Location	ABC SCHOOL	Satellite Location	**2420C**	514		use service line if rendering provider is different than claim line	
		SKIP			**2420D**	523	Supervising Provider Name		
		SKIP			**2420E**	529	Ordering Provider Name		
		SKIP			**2420F**	541	Referring Provider Name		
		Situational		Other Payer Prior Authorization or Referral Number	**2420G**	549			
		Situational		Line Adjustment procedure codes used to pay - from SVC01 in 835	**2430**	554	Line Adjudication Information Loop		pg 140

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		SKIP		Used for Home Health or DMERC	**2440**	567	Form Identification Code		
				1)Actually duplicate 2)Same Service different claim ID 3)"Lock out" Different Services same day 4)More units than allowed in month				1) ERROR 2) record hours and minutes on service date 3)If 2 claims, can do adjustments 4)HIPAA can limit units on 835	
	Not Mapped on 837P								
Client Record collected once only									
C01	Birth Name			not on 837P					
C02	Mother's first Name			not on 837P					
C04	Place of Birth								
C06	Ethnicity/Race - collected twice so client can report 2 groups			Ethnicity not mapped in 837P					
C07	Primary Language			not on 837P					
Service Record collected on each service				not on 837P					
S10	Secondary diagnoses(4)			not on 837P					
S12	Special Population			not on 837P					
S14	County of Fiscal Responsibility			not on 837P					
S16	Beginning Date of Service for 24 hour			not on 837P					
S17	Ending Date of Service for 24 hour			not on 837P					
S19	Patient Status code for 24 hour			not on 837P					
S20	Legal Class at Admission for Acute			not on 837P					
S21	Legal Class at Discharge for Acute			not on 837P					
S22	Admission Necessity for Acute			not on 837P					
Periodic Record collected at admission, annually, and discharge.									
P02	Education			not on 837P					
P03	Employment			not on 837P					
P04	Functioning Level			not on 837P					
P05	Substance Abuse			not on 837P					
P06	Developmental Disabilities			not on 837P					
P07	Physical Health conditions			not on 837P					
P08	Conservatorship/Court Status			not on 837P					
P09	Living Arrangement								

Business Rules and assumptions for this summary mapping of the 837P

The client/patient is the subscriber/insured (e.g. no parent child relationship)

The submitter and the billing provider will be determined by the County/Provider

The payer and the receiver are the same (e.g. ADP or DMH)